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Budget Amendment Request Form

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KEAN

Office of Budget

OFS USE ONLY

JOURNAL NO. B-_____

KEY DATE _____

REQUEST FOR BUDGET AMENDMENT

Cost Center Name _____

	Fund	Cost Center Number	Object Code	Requested Increase	Requested Decrease
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total				-	-

(COLUMN TOTALS MUST AGREE)

Justification: (USE SEPARATE SHEET IF NECESSARY)

Requested By: _____
Cost Center Manager / Director

Date: _____

Approved By: _____
VP/ Executive Director/ Dean

Date: _____

ADMINISTRATION AND FINANCIAL APPROVAL

Budget Office _____

Date: _____